THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. December 1, 1837. No. 17.

Art. I.—INFANTICIDE ESTABLISHED IN AN INFANT THAT HAD NOT RESPIRED.

M. Alphonse Devergie, the distinguished medico-legal writer, has recently published a case of this kind,[1] with interesting comments.

The bearings of the subject that are important to us will be learned by the following account of the "examination" and "conclusions" from the appearances presented on inspecting the body of a new-born infant, which had been found in an uncultivated field the evening previously. The inspection and report were made by virtue of an *ordonnance* of the agent for the *Procureur du Roi.*

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Examination.—The cadaveric rigidity was still very marked,—*death had therefore taken place quite recently.*

It was impossible to determine the weight for want of a balance. Length, fourteen inches six lines, Fr. The middle of the body corresponding to six lines above the umbilicus. Bi-parietal diameter of the head, two inches six lines: occipito-frontal, three inches; occipito-mental, four inches. Skin well organised; very distinct from the membranes of the cord around the umbilicus. Hairs about half an inch long, but very numerous. Total absence of point of ossification between the condyles of the femur. (*This infant had not, therefore, attained the term of eight months of utero-gestation.*)

At the posterior and upper part of the head, on the median line of the occipital bone and in the course of a portion of the parietal suture, *a wound existed an inch and eight lines long*, having at its centre on one of the lips, a slight prominence, on the other lip a slight parallel depression, as if the wound had been made at two different times, or as if the instrument had changed its direction. *In the whole circumference* of this wound, and in the subpericranian cellular tissue, *an ecchymosis existed, which extended to the third of the superior surface of the head, under the form of a bloody cap* (calotte); *the infiltrated blood was coagulated.* Towards the middle of the upper margins of the left parietal bone, in the vicinity of the superior angle of the wound just described, there was a *section of the margin of the parietal bone, with separation and elevation of one of the fragments of the section, which was seven lines in depth. The longitudinal sinus of the dura mater was opened; blood was effused between the two lobes of the brain, as well as at the surface of the cerebellum. Two contusions of the cerebellum with coagulated and infiltrated blood existed at the base of that organ. These were four lines long and two broad.* The two temporal muscles were completely ecchymosed; and the blood infiltrated into the substance of their fibres caused the temporal aponeuroses to project. (*These were the result*

[1] Annales d'Hygiène Publique, &c., Mai, 1837.

of violence evidently perpetrated during life, and which it would have been impossible to produce if the child had been still in the womb.

A portion of the cord, eight inches long, adhered to the umbilicus by means of the membranes and the vessels, wholly untouched. This portion of the cord, which contained a large quantity of the jelly of Wharton, was sound, renitent, and presented at its free extremity a clean section as if it had been made with scissors; another portion of the cord, separated from the rest, as regarded conformation, colour, volume, and consistence, was entirely like that attached to the umbilicus: the two fine extremities were cut clean.

The placenta, which was very fresh, was in proportion to the development of the infant. It had only an inch and a half of cord attached to it.

The skin was generally pale, as well as the thymus, the lungs, and the intestines, which were contracted. The cavities of the heart contained little blood. The lungs were perfectly sound, and did not appear to fill the cavity of the chest; their tissue was formed of a series of fleshy lobules separated from each other by cellular tissue; no air vesicles were perceptible. The lungs, when placed in water with the heart, sank; when placed alone in water they sank; when cut into portions they also sank. Each fragment compressed under water yielded scarcely any blood from its tissue, and no air bubbles; after compression it remained at the bottom of the liquid. Meconium was contained in the sigmoid flexure of the colon and in the rectum; the foramen ovale was open; the umbilical arteries and vein were widely open.

Conclusion.—1. The infant subjected to examination had not attained the end of the eighth month of pregnancy. 2. It proceeded from a recent accouchement, which might have occurred in the night of the —— to the ——. 3. The infant was born alive. 4. It had not respired. 5. Death was the necessary result of the wounds that have been described; one of them had been effected by a cutting and perforating instrument, the others by blows. 6. It is possible that after the section of the cord there might have been a loss of blood, which might account for the exanguious state of the body.

Such is a satisfactory case of infanticide, established in the case of a child that had not breathed and yet was alive.

Art. II.—PREPARATION OF PHLORIDZINE.

M. Boullier, Pharmacien at Sassy (Loire), has published a memoir on phloridzine, from which we make the following extract.[1] Having observed the great value of this new preparation as a febrifuge, he endeavoured to facilitate the method of preparing it in a state of purity.

He put the fresh roots of the apple tree into a copper vessel, and poured upon them distilled water enough to cover them entirely. This was kept boiling for four hours, care being taken to replace the water as it evaporated. The fluid was then poured off, and a fresh quantity of water, equal to the first, poured on the residuum, which was boiled for an hour only. The two products were suffered to remain at rest for thirty hours, at the expiration of which time a large quantity of phloridzine, resembling deep red velvet, was found at the bottom of the vessels. The phloridzine being collected, half its weight of animal charcoal was added to it, and after being boiled in a suitable quantity of water the decoction was filtered. In this manner it was purified at least three times, and was afterwards received into a vessel of

[1] Gazette Médicale de Paris, 17 Juin, 1837.

boiling water, in order to obtain, by a more tardy refrigeration, more beautiful crystals. It was then filtered and dried.

Phloridzine is very light, of a beautiful whiteness, crystalised in beautiful silky needles; possessing no action on test papers or on syrup of violets; its taste is slightly bitter without astringency. At the ordinary temperature, it is but little soluble in water; requiring one thousand and sixteen parts of that fluid to dissolve one of it. At 100°, water dissolves an equal weight of it, and assumes a bottle-green colour. Alcohol, at the ordinary temperature, dissolves half its weight.

The trials made by some practitioners, to whom M. Boullier sent the phloridzine, have been attended with entire success; he endeavoured to extract it from the bark of the root of the cherry tree, with the hope of being able to furnish it at a cheaper rate, but he found it impossible to discover the least trace of it, either by aqueous decoction or alcoholic infusion. After thirty-six hours' rest, he found only a very bitter residuum at the bottom and on the sides of the vessel.

Art. III.—BRITISH ASSOCIATION (MEDICAL).

(Continued from page 296.)

In our last number we gave a brief account of the papers on medical subjects, read at the late meeting of the British Association for the advancement of Science, at Liverpool. We extract the following *catalogue raisonné* from a later number of the same periodical,[1] whence our previous article was derived.

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Tuesday, September 12th.

Dr. Black read an essay on the *Epidemic Influenza*, as it occurred in January, February, and March, 1837. This paper chiefly referred to the rate of mortality, and the meteorological condition of the atmosphere, for which purposes several elaborate tables were exhibited. It appeared, in comparing the mortality of the period above mentioned, with the corresponding months of previous years, that the increase amounted to 45 per cent., and taking the month of February alone, to the prodigious extent of 160 per cent. Dr. Black's observations fully confirm those previously made, of the very heavy manner in which the epidemic bore upon those advanced in life: and he referred particularly to the reports published in this journal, by Drs. Clendenning, Heberden, and Graves.

Wednesday, September 13th.

Sir James Murray.—A paper, the object of which was to prove that various diseases of the nervous system arose from the presence of certain salts in the blood giving rise to crystalline deposits, such salts being those which are usually voided in the urine. Such depositions he has found on the nerves in tic douloureux, and has also detected uric acid in the discharge from ulcers in tinea capitis, and some other cutaneous affections. Our readers will remember that M. Gluge has recently described microscopic crystals in the evacuations of persons labouring under fever.

Dr. Macintosh made some observations on *dysmenorrhœa*, which he endeavoured to show originated in a peculiar condition of the os uteri—viz. some degree of stricture, with thickening and the deposition of false mem-

[1] London Medical Gazette, Sept. 30, 1837, p. 23.

brane and accumulation of mucous discharge in the uterus itself. He stated that he had frequently seen great benefit result from the application of leeches to the os uteri.

Dr. Madden.—Experiments on the *Connection between Nerves and Muscles*, the result of which he regards as showing that narcotics do not always produce any obvious effect upon contractile tissues; that sedatives, when applied to nerves, are absolutely inert, if such application be rigidly confined to the nerve; and that muscles retain their irritability long after the nerves have lost their power of exciting them.

Dr. Bellingham on the *Motions of the Heart*, with especial reference to the order of their succession, which he holds to be as follows:—1st, the systole of the auricles; 2d, diastole of the ventricles, and the simultaneous impulse; 3d, the systole of the ventricles; 4th, an interval of repose, followed by the systole of the auricles. This order is different from that given by Dr. Hope.

September 14, 1837.

A report was read by Dr. Carson, on the *Composition of the Animal Secretions*, giving the results obtained by a provisional committee appointed to examine the subject.

Mr. Hare read a paper on *Curvature of the Spine*, particularly the lateral, which he attributes to the present mode of dress—in a word, to tight stays. The means proposed by Mr. Hare consist of an inclined plane, with weights and pulleys, similar to those which have been so much used during the last ten or twelve years.

Dr. Holland, of Sheffield,[1] communicated the result of some investigations regarding the *Influence of the Mind on the Heart.* This paper chiefly had in view the influence of respiration on the circulation, the former of which he stated to be greatly under the control of emotions which secondarily affected the circulation. The positions were illustrated by various arguments.

Dr. Macintosh communicated some observations (which were understood to be from the pen of a medical student), on the *Diseases of Stonecutters* about Edinburgh. In one case, which was particularly detailed, the patient having died after cough and other pectoral symptoms, of two years' duration, hard black tubercles were found in both lungs; the bronchial glands enlarged and indurated, grating under the knife, and containing portions of substance like bone, which, being analysed, yielded carbonate of lime, silica, and albumen. The stone of the quarry where he had chiefly worked was also examined, and found to consist of carbonate of lime, silica, and alumina; from which it is inferred by the author that the deposition in the lungs was derived from the stone, and imbibed during inspiration.

Sir James Murray made a demonstration of a machine for forming a kind of *Bath in Vacuo*, by which means the surface of the body, even when cold and collapsed, soon became warm and turgid. It admitted of being used locally, as to a paralysed arm, &c.

Two cases of *Malformation of the Brain* were communicated by Dr. Carlisle, and some remarks on the crania of a tribe of Indians in North America, by Dr. Warren, of the United States.

Dr. Macintosh *on the Morbid Anatomy of Cholera.*—He observed that he had made three hundred dissections of patients who had died of this disease. He found the capillary system generally distended with blood—the brain loaded—the bones themselves vascular; the ganglia healthy, but vascular; the heart and its vessels turgid; false membranes lining the arteries, the firmer the nearer the heart; an appearance which he regarded as somehow connected with an effort on the part of nature to restore the deficient serum.

In the department of Zoology, Dr. Richardson communicated a paper from Dr. Bellingham, on the frequency of the occurrence of the *tricocepha-*

[1] It was *this* Dr. Holland's paper of which we gave a short notice in the last number.

lus dispar in the alimentary canal. He regarded it as premature to attempt the decision of whether this parasitic animal was or was not formed in the intestines.

Mr. Jenyns communicated a paper from Dr. Williams, on a species of *Limax* found in the human intestines.

The meeting seems altogether to have been a very good one. Next season the association is to assemble in August, at Newcastle-upon-Tyne; on which occasion the Duke of Northumberland has consented to act as president, and the Bishop of Durham as vice-president.

Art. IV.—CURE OF VARICOSE VEINS AND HERNIA BY ACUPUNCTURATION.

M. Bonnet, Surgeon-in-Chief to the Hôtel-Dieu, at Lyons, affirms[1] that he has treated eleven cases of varicose veins by introducing pins through their cavities, and allowing them to remain there for some time. Nine of these cases were cured. He has applied the same treatment to herniary sacs. He passes three or four pins through the herniary envelopes close to the inguinal ring, and, in order that they may exert a certain degree of compression as well as of irritation on the sac, he twists the points and heads upwards so as to give them a circular direction. The inflammation and pain commenced usually on the third or fourth day after the operation, and the pins were removed a few days afterwards. M. Bonnet has treated four cases of inguinal hernia by acupuncturation. In two, the herniæ were small, and three weeks sufficed for the cure. The third was more troublesome.

Caution is requisite not to injure the spermatic cord.

Art. V.—MEDICAL TOPOGRAPHY—No. 7.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 278.)

Intermittent Neuralgiæ.—(Continued.)

PNEUMONALGIA.

Persons suffering from a protracted spell of intermittent fever, or such whose constitutions have been much broken or much impaired by repeated attacks, are frequently the subjects of *a periodical painful stricture across the breast, or sharp shooting pain through the chest,—dyspnœa and a short dry cough—though this in some cases is moist, attended with mucous expectoration in certain individuals, and sanguineo-mucous in others.*[2]

[1] Bulletin Générale de Thérapeutique.

[2] I have seen the sanguineous expectoration in two cases amount to a hæmoptoe. The hemorrhage in one case coming on every evening and in the other every other morning. In both cases, preceded by chills—followed by painful stricture across the chest, accelerated quick small pulse, hot skin, flushed face, difficult breathing and cough, with bloody expectoration, succeeded by a crisis of sweat.

This form of affection I choose to denominate *Pneumonalgia*, believing it to essentially consist in a neuralgic condition of the pulmonic plexuses occasioning or inviting an afflux of blood to the pulmonary structure.

Far too little attention has been paid by the general profession to the *fact*, that organs congenitally weak, or weakened by subsequent disease, are more susceptible than others to become affected during the progress of a fever. Whether fevers be essential or merely symptomatic, this we know, that in some cases of fevers, regarded as essential, one set of organs, and, in others, another of different character or function, is frequently prone to take on disease during febrile action. This may be accounted for, in most cases, by ascertaining whether or not there has been previous disease or family predisposition; I believe, in nine cases out of ten, it will be found, that the suffering organ has sustained a previous shock, or that there is an hereditary precedent.

Individuals living in malarious districts, subject to periodical affluxes of blood to the lungs, are those whose pulmonary system is congenitally weak, or rendered so by some subsequent attack of thoracic disorder. I have noticed, that such as are of a scrofulous habit or born of consumptive parents, or naturally predisposed to catarrh, are more subject to this form of affection than others, who have inherited sound constitutions or never have had lung disease.

The mere routine practitioner, or unobservant physician,—following the *verba magistri*, and treating diseases by their recognised names, without a particular knowledge of the pathological condition of each individual case,—would be very apt to commit a serious blunder in the treatment of the form of affection under consideration. I have known in one instance a valuable life lost by sanguineous depletion to an immoderate extent; and another reduced to the lowest ebb by similar means, practised under the supposition of inflammatory action being present. Nor should we be surprised at this when we recognise in the symptoms of pneumonalgia, several, simulating very nearly the pathonomonics of acute pathonomonia; but the *ensemble* of the morbid signs of that disease is wanting. There is, *in all cases*, an absence of the crepitous rattle (*râle crépitant*) so commonly present in pneumonia; the cranberry expectoration, so characteristic of inflammation of the pulmonary structure proper, is only met with in a few cases; whilst *pure blood* from ruptured vessels, and not the secretion of inflammatory action, is occasionally seen. Pneumonia is generally confined to a single lung, and often to but a limited portion of that, whilst pneumonalgia affects, in the greater number of instances, both lungs alike. The circumscribed dulness of sound, usually found on percussion in pneumonia, is often general over the chest in the affection under notice. There seems to be a temporary universal distension of the pulmonary sanguiferous system, closing in a measure the air cells, and thus nearly masking the healthy respiratory murmur. In catarrhal subjects we have the mucous rattle (*râle muqueux*) intermixed with the natural respiratory buzz; as also with those who expectorate blood.

This condition of the vascular system of the lungs continues for a longer or shorter term according to the individual: I have seldom known it to be maintained over twelve or fourteen hours at any one time; and in the majority of cases it passes off in a much shorter period. It is usually preceded by symptoms of febrile excitement, and is attended by the painful tightness or sharp darting pains and dyspnœa already mentioned—followed by perspiration (though not in all cases) and increased weakness, as if the powers of life were gradually giving away before the repeated attacks.

This form of intermittent affection is not alone confined to the Arkansas country. I have treated several cases in the lower delta of the Mississippi, and I know it to be common in other malarious districts both of Europe and America. The inhabitants of a southern clime, subject to intermittent fever, who remove to the north, or to a mountainous country, in search of health, are likely to be affected in this way by the change. But, fortunately for

them, the chances of permanent improvement by the change, much more than counterbalance the temporary evil obtained,—for if the powers of life are not completely undermined by protracted disease, the affection is within the control and management of the scientific physician.

Treatment.—Nearly all the cases of this peculiar affection we have treated, passed out of the hands of others into our own. The patients had been "well physicked and *bled* and got no better;" I only considered it wonderful how they had survived at all, for they were the mere "shadows of mortality *sans* the substance."

Our great object has been to fortify the constitution, so as to enable it to master the predisposition to the periodical afflux of blood to the lungs. For, however paradoxical it may appear in this "modern improvement age," we hold to the *vis medicatrix naturæ* of the ancient physicians, and frequently only act as an adjutant to carry into effect the orders of nature, or aid her in her efforts at restoration.

Called to a patient, suffering with the painful tightness across the chest, oppressed and hurried breathing, with dry cough, flushed face, and quick pulse, we directed hand and foot warm bathing, nauseating doses of tartar emetic,[1] acidulated cold drinks, cold sponging to head and face, and free exposure to cool air. Sometimes we made a small revulsive bleeding with good effects, but in general had to husband the blood, already too much diminished by repeated venesection, and by the morbid secretions from the skin and bowels. So soon as a reflux of blood was established, and no signs were present to contra-indicate their use, we gave quinine and iron[2] in free doses, anticipating the time of the next expected attack by a double dose,—sustaining the system by a nourishing diet and frequent small draughts of *porteree* or port-wine *sangaree.*

In catarrhal subjects, we pursued the same course, enjoining, in addition, soothing inhalations, mucilaginous drinks, and an occasional expectorant lozenge or draught.

In those cases where the expectoration was pure blood, or bloody mucus, the tartar emetic was pushed until it manifested its action sensibly upon the pulse, diminishing its force and frequency; and, in the interim, between the time of a last and that of an expected attack, tonics were given alternated with digitalis and ipecacuanha[3]—revulsive vesicatories to the sub-deltoid region of the arm, and an *emplastrum picis abietis cum tart. ant. et pot.* to the breast were directed. Quietude, mental and corporeal, were strictly enjoined; and the patient removed as far as possible from all exciting influences.

The treatment in no case was considered complete without the constant wear over the breast, for two or three months or longer, of a pitch plaster, sprinkled lightly with tartar emetic; and in those where bloody expectoration had been copious, in addition to the plaster, a seton or issue was inserted in the arm.

Tonics were only discontinued after the periodicity of the disease had been entirely broken up; and were occasionally continued for weeks after, to all appearance, every vestige had disappeared.

Throughout the treatment the bowels were kept soluble by simple or laxative enemata; as the patients are in this complaint generally too weak to be purged by medicine given by the mouth.

[1] R. Antimonii et potass. tartrat. gr. vi.
Potass. super-tartrat. ℥ ii.
M. et ft. sol. in aquæ f℥ vi.
adde syrup. limonis f℥ ii.
Dose, table-spoonful every half hour.

[2] R. Quiniæ sulphat. vel phosphat. ℥ i.
Ferri carb. vel ferro-cyanat. ℥ ii.
Confect. aromat. q. s.
M. et ft. mass. in pil. xl. divid.
Dose, two to four every two hours.

[3] R. Tinct. digital. Vin. ipecac. aa. gtt. x. M.
Every three hours till contra-indicated.

Art. VI.—EXPERIMENTS ON LEECHES TO ADAPT THEM FOR SUCCESSIVE APPLICATIONS.

Two years ago, Dr. Tournal proposed to the congress at Toulouse a new experiment to adapt leeches for repeated application. This consisted in inverting the leech on a probe passed in at the tail until it came out at the mouth; washing the blood away from its inner surface and then restoring it to its natural condition.

The experiment has been repeated very frequently by Dr. Elberling,[1] an army surgeon, who says that he rarely succeeded in getting the leech to take several times. The greater part died in twenty-four hours; but few lived many weeks, and these did not exhibit much inclination for fresh applications. The like observations are made from the results of numerous experiments by Dr. Grossheim.[2]

Of all the means, which Dr. Elberling has attempted, to adapt the leech for iterated applications, the best has been to empty the animal by gently drawing it between the fingers. That the leech is not injured by this is shown by the freedom of its movements when it is placed in water. By this course —which is followed, by the way, by many of our leechers—Dr. Elberling has succeeded in applying the same leech three times in one day. By this kind of pressure the animal is pretty well cleared of the blood; anatomical investigation exhibiting that but a few drops have been left behind.

Art. VII.—RATIO OF SUCCESSFUL CASES OF LITHOTOMY.

Pittsburg, November 7, 1837.

To the Editor of the Medical Intelligencer,—

At the first blush, the success of Dr. Dudley's operations for stone would seem a little apocryphal, but slight examination must satify every candid enquirer, that, though highly flattering to the operator, there is nothing in it so very incredible as to warrant any one in impugning his honesty. Indeed, to deny his statements because of the want of success of others, is about as "damning proof" as what Le Cat offered to demonstrate the worthlessness of Cheselden's knife,—that he (Le Cat) had lost six patients out of nine on whom he had operated with it in the Hôtel-Dieu.

If we examine the records of surgery, we will find many similar instances of success; some I will enumerate.

Le Raoues cut fifty without losing one, and among them was a man seventy years of age.

Frêre Jacques, late in life, when he had studied anatomy and improved his operation, cut thirty-eight in Versailles without losing one, and immediately after, sixteen in Strasburg, losing but one, an old man, whose death was predicted from age and weakness. He says, in his memoir, "That of a hundred of healthy subjects cut after this improved method none had died or remained fistulous."

Rau, whose baseness was only equaled by his skill as a lithotomist, must have been very successful, though the proportion of recoveries I cannot state.

Cheselden, I have seen it stated, lost two in fifty-two. M. Morand, who visited England on purpose to witness his operation, states that he saw him

[1] Militair-Medicinal-Berichten.
[2] Medicinische Zeitung, No. 49, December 7, s. 252.

"cut twenty-seven patients without losing one; the twenty-eighth died, but he had previously cut thirty-one." In three years he had cut ninety patients with "unparalleled success." Morand also states, that thirty patients were cut at Bergen-op-Zoom, of whom not one died.

Mr. Martineau, of Norwich, cut eighty-four and lost two; and this without making any selection, operating on all who presented themselves.

Mr. Green, of St. Thomas's Hospital, had, several years ago, operated on forty persons, losing not one.

Mr. Lawrence lost one out of between forty and fifty cases, and that one was a miserable emaciated being, so worn out by long suffering and other illness, that success was next to impossible.

Sir Astley Cooper has not, I think, been any thing like so successful, but he says, "The success of one surgeon being greater than another chiefly depends on his judgment in this respect, viz., not to operate when there is much functional or organic disease." And we all know that patients from three to twenty years of age rarely die of this operation.

Mr. King has been very successful. The proportion I do not remember, if I ever saw it stated.

I suppose I have by this time sufficiently wearied your readers, and demonstrated the *possibility* of this fact. A.

Art. VIII.—ON DERMATOLYSIS.[1]

BY M. MARCHAND, DOCTOR IN SURGERY, NANTES.[2]

M. Marchand remarks that he searched in vain in the works of Loiry, Bateman, Rayer, Cazenave, and Schedel, &c., for some notions upon dermatolysis or looseness of the skin. He found nothing in them. Professor Alibert is the only one who has devoted a chapter to the subject, in which he reports a very small number of facts observed at the Hôpital St. Louis.

The history of this singular affection has yet to be given; the published cases of it are so rare that it is impossible to attempt a simple sketch. We can merely collect and publish the facts relating to it.

Peter Martin lived, since his birth, in the village of Barbin. In his infancy there was no indication of the deformity for which he went to consult M. Marchand. M. Couteau, one of his pupils, who has greatly distinguished himself by his zeal for science, assured him of this.

When about fourteen years of age, he consulted M. Darbefeuille; but M. Marchand was not able to learn the result of that consultation. The accounts of Martin were obscure and often contradictory; all that was known was that the skin formed a small tumour behind the left ear.

During the interval between his sixteenth and eighteenth years, he had fever; but whether this was intermittent or continued, was a point which M. Marchand was not able to clear up. Immediately after the cessation of this fever, the disease made rapid progress. M. Marchand thus describes the case.

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Peter Martin is of a short figure; four feet four inches; is pretty strongly constituted; his head composes nearly the sixth of his height; this grotesque appearance is owing, not only to the largeness of the cranium

[1] From δερμα, "the skin," and λυσις, "looseness."—*Ed.*

[2] La Lancette Française, Mars 28.

itself, but also to the development of the skin and subcutaneous cellular system, and especially to a black and crisped head of hair.

He is not twenty years old, and already his forehead is furrowed with deep wrinkles; from the middle of the left eyebrow a large cutaneous fold proceeds which falls down in drapery over the cheek; thence it ascends afterwards in order to join the anterior part of the ear. The latter is considerably developed; it is projected out, and dragged downwards by a border (*bourrelet*) which commences at the lobule, descends even to the lower part of the neck, and reascends afterwards to the occipital region, where it loses itself. This depending skin, which pretty closely resembles what one sees under the throat of dogs, is more than six inches in circumference, and in some places is full two inches thick. It has kept its ordinary colour, is supple and fat; it may be touched and raised without causing pain. The hair is very well developed upon the parts which ought to be covered with it; they are scattered on account of the removal of their bulbs.

Upon the left side of the head, the teguments and subdermous cellular tissue are hypertrophied, but they form no fold. In passing the hand upon the skull many prominences are perceived, which prove that the morbid principle has extended its action to the bones.

The cheeks are yellow and flabby; the lower lip is thickened and hanging down.

This unfortunate young man does not complain of pains in the head; from time to time he feels a kind of numbness and shivering in the depending skin; he falls asleep immediately on being at rest.

He complains of experiencing abdominal pains rather frequently.

This deformity troubles him but little, but it plunges him in misery; no one will give him employment.

He has many remarkable points of resemblance to the shepherd of Gisors, the account of whom M. Alibert has handed down to us. Both were of the same size (four feet four inches); with both the skin and subcutaneous cellular tissue were hypertrophied; the parietal bones of both were covered with prominences.

Job of Meckren relates having seen a young Spaniard, aged twenty-three years, called Georges Albés, who took in his left hand the skin of the shoulder and right breast, elongated it and carried it thus as far as the mouth. With both hands he took the skin covering his chin, extended it as a beard, and made it descend upon his chest. He then raised it to the summit of his head, covering both eyes. Immediately on losing its hold it contracted and returned to its place. He could also draw the skin of the knee directly up and down, so as to form a length of half an ell. On the left side the skin was very adherent, and it was impossible for him to stretch it.

BIBLIOGRAPHICAL NOTICES.

The American Medical Library and Intelligencer.

The following bibliographical notice of Nos. 1 to 8 of this periodical, from the pages of one of the best—if not the very best—of English medical reviews and journals,[1] will exhibit the mixed views entertained abroad respecting our—to them—novel undertaking.

"We have been so long accustomed to the republication, in Brussels, of the French journals and other medical works from the Parisian press, in a condensed form and at a low price, that we are less surprised at the adop-

[1] The British and Foreign Medical Review, No. 8, for Oct., 1837. p. 495.

tion of a similar practice, in regard to English medical works, by the American publishers. Although such a practice, whereby the interests of the authors of the works thus republished are liable to be greatly compromised, cannot but be regretted, we know not that the individuals, who thus republish them, for the benefit of their countrymen and their own, are in any way to be blamed, so long as the present law of national copyright remains unchanged. The temptation to do so is certainly extreme, and the advantages to the readers of the republished works very great. In one of the numbers of the work now before us, containing a reprint of Sir Benjamin Brodie's Lectures on Local Nervous Affections, we are told, that, while the original volume costs, in Philadelphia, one dollar and seventy-five cents, or 175 cents, the same work, as republished, costs only twelve and a half cents. "When this surpassing economy is considered (continues our authority), with the additional advantage that our *most distant* subscribers can have the best books that are published abroad in a few days after their receipt in the Atlantic cities, the overwhelming value of such a publication as this must be strikingly apparent." And truly so it is to the American reader, although it would probably be more agreeable to English authors to know that, instead of a thousand copies of their works being distributed in their new form, two or three hundred were sold in their original shape and price.

"The plan of the work before us is different from any hitherto proposed, yet coming nearer that of the Brussels *Encyclographie* than any other. Instead of republishing the journals verbatim, like the Encyclographie, the *Library* merely devotes one sheet, or an eighth part of the whole, to the purposes of a journal, the remainder of its pages being appropriated to the reprint of distinct works or memoirs of a superior class. In the numbers now before us, the works reprinted are,—Wardrop on Blood-letting; Babington on the Blood; Stokes's Lectures on the Practice of Medicine; Brodie on Local Nervous Affections; Itard on Deafness, (translated); Bright on Renal Disease; Hamilton's Observations on Midwifery; Bricheteau's Medical Clinics; Colles on the Venereal Disease. All these reprints are paged separately, and, as the paper and print are remarkably good, they will truly form, when bound up separately, a most valuable and comprehensive library for the American practitioner. The price of the whole work is ten dollars per annum.

"Notwithstanding some doubts entertained by us, as foreigners, respecting the justice of the international law which permits so serious an invasion of the rights of authors, we cannot but admit that the present publication is calculated to be of immense benefit to our brethren in America; and we shall certainly act more in accordance with the spirit of our beneficent profession in wishing it every success, as a means of promoting the essential good of mankind, than in regarding it as a commercial speculation injurious to the pecuniary interests of individuals.

"The manner in which the work is arranged and conducted is in the highest degree creditable to its very learned and industrious editor."

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Guy's Hospital Reports, No. V.[1]

This part contains the usual quantity of valuable papers. 1. Observations on the Ganglionic Enlargement of the Pneumogastric Nerve,—the probable function of that ganglion, and the position which it occupies in the human subject, and in several of the lower animals; by Mr Edward Cock.

[1] Guy's Hospital Reports, No. 5, October, 1837. Edited by George H. Barlow, M. A. and L. M. Trin. Col. Camb., Inceptor Candidate of the Royal College of Physicians, and Physician to the Surry Dispensary; and James P. Babington, M. A., Trin. Col. Camb., Member of the Royal College of Surgeons. 8vo. pp. 240 (ten lithographs). London, 1837.

2. Observations and Experiments on Lungs of New Born Children, in relation to medical jurisprudence; by Alfred S. Taylor. 3. Cases of Gangrene, Aneurism, Un-united Fracture, Hernia, Wound of the Tongue, and Stone in the Bladder; by Mr. Bransby Cooper. 4. On the Diagnosis of Organic Diseases of the Uterus; by Dr. Ashwell. 5. Observations on Abdominal Tumours and Intumescence, illustrated by cases of acephalocyst hydatids; by Dr. Bright, (with plates). 6. On the Influence of Electricity as a Remedy in certain Convulsive and Spasmodic Diseases; by Dr. Addison. 7. Case of Disease in the Fœtus; by Mr. T. W. King. 8. On the Distribution and Probable Function of the Superior and Recurrent Laryngeal Nerves, as demonstrated by dissection, in the human subject; by Mr. John Hilton. 9. Description of the Sacculus or Pouch in the Human Larynx; by Mr. John Hilton, (with plate.) 10. Account of the Successful Termination of a Case of Sphacelated Intestine and Omentum in a Femoral Hernia; by Mr. Aston Key. 11. Mr. Morgan's Ophthalmic Cases. 12. Experiments and Observations on Albuminous Fluids; by Dr. Babington.

Some of these we may have occasion to refer to hereafter.

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Cyclopædia of Anatomy and Physiology.[1]

This valuable work maintains its character. The part before us contains the conclusion of the article *Eye*, by Dr. Jacob; the article *Face*, by Mr. Partridge; *Fascia*, by Dr. Todd; *Fat*, by Mr. Brande; *Femoral Artery*, by Dr. Alcock; *Fibrine*, by Mr. Brande; *Fibro-cartilage*, by Dr. Todd; *Fibrous Tissue*, by Mr. Grainger; *Fibular Artery*, by Dr. Todd; and *Fifth Pair of Nerves*, by Dr. Alcock.

The xylographic *sketches* are truly *illustrations.*

—

Wardrop on Diseases of the Heart.[2]

Dr. Wardrop is well known to our readers by his work on Blood-letting—the first that we reprinted in this "Library"—and, doubtless, also by his numerous other productions of value.

The work is not completed. It is to be comprised in two parts. The part before us consists of preliminary observations on the structure and functions of the heart, with which are interspersed "some new physiological researches on the circulation."

"In pursuing these investigations," says the author, "the mind was conducted step by step to establish the existence of these important functions,—functions connected with the circulation of the blood, which had hitherto been overlooked by physiologists.

"*First.* That the muscles, besides being the active organs of locomotion, perform the important office of increasing the quantity of arterial as well as of venous blood, within the cavities of the heart.

[1] The Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M. D., Professor of Physiology and of General and Morbid Anatomy, in King's College, London, Physician to the Western Dispensary, and lately to the Royal Infirmary for Children, &c. &c. Part XI. August, 1837.

[2] On the Nature and Treatment of Diseases of the Heart; with some new views on the Physiology of the Circulation. By James Wardrop, M. D., Surgeon to his Late Majesty, George IV., Lecturer on Surgery, &c. &c. Part I. 8vo, pp. 122, (four lithographic illustrations.) London, 1837.

"*Secondly.* That the lungs regulate the supply of blood to the heart so as to prevent congestion within the heart's cavities; and

"*Thirdly.* That the subcutaneous veins, performing the office of a reservoir, prevent congestion of blood within the pulmonary vessels."—*Preface*, p. iv.

Cyclopædia of Practical Surgery.[1]

We noticed the appearance of the first part of this cyclopædia,[2] which was issued in April last with the understanding that the subsequent parts should be published every alternate month; yet the *second* part did not appear until four months after the first. No matter what may be the reason, such delays are always injurious.

The present part contains the articles from *amenorrhœa* to *aneurism* inclusive. It may seem strange, that the first of these should be inserted in a work professedly consisting of "original dissertations on operative medicine."

The articles and their authors are as follows:—

Amenorrhœa, by Dr. Jewel; *Ammonia*, *Ammoniac*, and *Ampulla*, by Dr. Costello; *Amputation*, by Drs. King and Costello; *Amylum* and *Anasarca*, by Dr. Costello; *Anastomosis*, by Dr. Wardrop; *Anatomy* (*morbid*), by Dr. Hodgkin; *Anatomy* (*surgical*), by Dr. Farrel; and *Aneurism*, by Dr. Wardrop.

We are not much more favourably impressed with this part than we were with the first. We would adduce the article on "Surgical Anatomy" as a striking evidence, that all the collaborators do not seem aware of what information is to be expected in a work of the kind.

Drs. Randolph, Smith, and Horner, on Lithotripsy.

The last number of the "American Medical Journal of the Medical Sciences,"[3] contains a communication from Dr. Randolph, of this city, embracing a report of four additional cases of stone in the bladder, in which the operation of lithotripsy was successfully performed by him.[4] Another from Dr. N. R. Smith, of Baltimore, detailing six successful cases; and the report of one successful case by Professor Horner.

Jacobson's *brisepierre* was employed in Drs. Randolph's and Smith's cases,—in Dr. Horner's, Heurteloup's instrument.

At the conclusion of his communication Dr. Randolph has the following remarks on an accident that befel M. Roux.

"This surgeon, in attempting to extract a large fragment of calculus through the urethra by means of the *brisepierre* (it is not mentioned whose *brisepierre*,) the instrument became so fixed in the urethra that it could not be moved either backwards or forwards, and it became necessary to make an incision into the urethra, and extract the fragment through this opening

[1] The Cyclopædia of Practical Surgery, comprising a series of original dissertations on Operative Medicine, by an association of physicians and surgeons. Edited by William B. Costello, M. D., member of several learned societies, national and foreign. Part II. August, 1837.

[2] Intelligencer for July 15, 1837, p. 152.

[3] For November, 1837.

[4] For a notice of his previous cases see "Intelligencer," for July 1, 1837, p. 135. Also *ibid.* for July 15, 1837, p. 159.—*R. D.*

before the instrument could be withdrawn. This accident cannot be at all urged as an objection to lithotripsy, inasmuch as the attempt to extract the fragment in this manner was entirely gratuitous on the part of M. Roux. We are free to confess that we have often felt tempted to extract fragments of a certain size by means of the instrument, under similar circumstances, with the view of expediting the cure. Such attempts, however, cannot be too strongly reprehended; not only on account of the danger which is thereby incurred, but inasmuch also as a portion of the stone so circumstanced may be crushed by merely closing the instrument, after which the fragments will readily be discharged."—p. 24.

Influence of Seasons on the Grippe.—M. Bouvier, Professor *agrégé* to the Faculty of Medicine of Paris, has given the following statistics of the fifteen epidemics of grippe, which have existed at Paris from 1403 to 1803, as regards their prevalence at particular seasons.[1]

1 prevailed in July and August.
2 in September and October.
1 in September, October, and November.
1 in October, November, and December.
1 in November, December, and January.
3 in January.
1 in January and February.
1 in February and March.
2 in March.
1 in April and May.
1 in December, January, February, March, and April.

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Thus *six* prevailed in winter, *one* in winter and spring, *four* in autumn, *three* in spring, and *one* in summer.

This last was that of 1788, described by Delacroix, and M. Bouvier thinks that the atmospheric circumstances pointed out by that author may be sufficient to explain the anomaly. In July, 1788, there was a violent storm at Paris, followed by hail; the thermometer fell nine degrees in twenty-four hours. In the remainder of the month, and still more in August, daily variations of eight, ten, and twelve degrees,[2] were observed. The winds were very variable during these two months.

It would seem, therefore, that half of the observed epidemics have existed in winter; for we may reckon amongst them such as extended into the spring, after having prevailed through the winter. This result is somewhat more striking when we regard the months during which each epidemic has reigned. Thus it has existed

In January	6 times	in July	1
February	3 "	August	1
March	4 "	September	3
April	2 "	October	4
May	1 "	November	3
June	0 "	December	3

That is twelve times during the winter months, ten times during those of

[1] Annales d'Hygiène Publique, Mai, 1837.

[2] What would M. Bouvier say to our variations, which are at times not less than 40°! Dr. McPhail, indeed, speaks of one in the southwest, of 60° within the twelve hours. Intelligencer, p. 202.—*Ed.*

autumn, seven times during those of spring, and twice during those of summer.

There has been no example of an epidemic grippe in Paris during the month of June.

New Form of Lithotriptic Instruments.—M. Civiale has invented a modification in the form of the instruments which he has been in the habit of using, in common with those of other operators, for readily seizing and holding small calculi and fragments. He now gives to the curved part of the instrument a breadth almost double that of the ordinary instruments, and diminishes it proportionately in its thickness. It preserves in this form all the necessary strength, so that there is no fear of its bending or breaking; and he has found, in practice, that it fully removes all the inconveniences of the narrow instruments, and suspects that it will be as applicable in cases of large calculi.

The urethra adapts itself perfectly to the new form of the instrument. In those he formerly used, the female branch was three lines broad, the male two; in the new one the female is five and a half, the male four lines broad.[1]

The Railroad Steamer. By James Johnson, M. D.—This is the title of the only Article in the "Extra-limites" department of the last number of the "Medico-Chirurgical Review,"[2] and it consists wholly of an apostrophe on the wonders of steamboats and locomotives,—a good subject for his "Philosophy of Traveling," or his "Economy of Health," but somewhat *extra*neous—as he indeed appears to conceive—in a journal expressly devoted to readers of medicine.

Dr. J. M. Warren's Rhinoplastic Operation.—We are gratified to learn[3] that the success of our friend, Dr. Warren, in his rhinoplastic operation, to which allusion was made in an early number of this journal,[4] has been complete. "He [the patient] is not only in most perfect health," says the editor of the "Boston Medical and Surgical Journal," "but he has a good and wholesome facial expression. No person, unacquainted with the facts, would ever suspect that his strongly marked aquiline nose was wholly taken from the forehead above the orbits. It might perhaps occur to the spectator, as a casual thought, that the individual had received a sabre wound on the left side of the nose, down to the corner of the mouth." . . . . . "The operation occurred on the nineteenth of September, 1836, and as no change either in the appearance or function has since been manifested, it is fair to conclude that it will remain permanently as it is—as perfect as it is possible for an artificial nose to be. The sensation is precisely as in the old nose; at first, the tip, when touched, appeared to be on the upper part of the forehead; but the sensation is now referred to the point where impressions are actually made."

[1] London Medical Gazette, Sept. 23, 1837, p. 960.
[2] For October, 1837, p. 589.
[3] Boston Medical and Surgical Journal, for November 8th, 1837, p. 225.
[4] Intelligencer, for April 15, 1837.

NECROLOGY.

Dr. Uwins.—Died recently, in London, Dr. D. Uwins,—at one time editor of the "London Medical Repository," before the editor of this journal was connected with it, and formerly President of the London Medical Society. Dr. Uwins was more celebrated for his eccentricity than for any great intellectual endowments. He was the author of several works, amongst which the following may be enumerated: Modern Medicine; or the recent advancement of medical practice, Lond., 1808. Cursory Observations on Fever, Lond., 1810. Modern Maladies and Present State of Medicine; an anniversary oration before the Medical Society of London, Lond., 1818. Remarks on Nervous and Mental Disorder, with especial reference to recent investigations on the subject of insanity, Lond., 1830. A Treatise on those Disorders of the Brain and Nervous System which are usually considered and called Mental, Lond., 1833.

At the first meeting of the Medical Society of London, which was held on the last Monday of September, it was determined to place on the records of the society the high opinion they entertained of the character of their late fellow.[1]

That all did not think equally well of him is shown by some of the obituary notices.[2]

Mr. Lynn.—This gentleman, who was long surgeon to the Westminster Hospital, and was one of the few remaining samples of the "Old School," died in June of the present year, in the eighty-fourth year of his age.[3]

BOOKS RECEIVED.

From the Author.—Clinical Guide for the use of Pupils engaged in the Study of Clinical Medicine, or preparing for examination. By W. W. Gerhard, M. D., one of the physicians to the Philadelphia Hospital (Blockley), and Lecturer on Clinical Medicine. 8vo, pp. 40. Philadelphia, 1837.

From the Author.—An Address delivered at their Tent, before the Dorchester Agricultural Society, and a large assemblage of the citizens of Dorchester, and some of the adjoining counties, at the fourth exhibition and fair, held in Cambridge, Nov. 2, 1837. By Joseph E. Muse, President of the Society. Published by the Board. 8vo, pp. 29.

From Dr. Forbes.—The Transactions of the Provincial Medical and Surgical Association, instituted 1832. Vol. V. 8vo, pp. 538. Lond., 1837.

From the same.—A Clinical Treatise on the Endemic Fevers of the West Indies, intended as a guide for the young practitioner in those countries. By W. J. Evans, Esq., M. R. C. S. 8vo, pp. 309. London, 1837.

From the same.—A Practical Compendium of the Diseases of the Skin, including a particular consideration of the more frequent and intractable forms of these affections; with cases. By Jonathan Green, M. D., Member of the Royal College of Surgeons in London, Fellow of the Royal Medical and Chirurgical Society, and late Surgeon in the Royal Navy. The second edition, corrected and improved, with two illustrative plates. 8vo, pp. 371. London, 1837.

[1] London Medical and Surgical Journal for Sept. 30, 1837, p. 798.
[2] Lancet, for Sept. 30, 1837, p. 22.
[3] Medico-Chirurgical Review, Oct., 1837, p. 586.